STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	395756	A. BLDG: 00 B. WING:	05/18/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
JUNIPER VILLAGE AT BROOKLINE-REHABILITATION AND SKILLED CARE	1950 CLIFFSIDE DRIVE STATE COLLEGE, PA 16801

(X4) ID PREFIX TAG	(X4) LICENSE NUMBER SUMMARY: 281302 STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
F 0000	INITIAL COMMENT Based on a Medicare Recertification Survey, State Licensure Survey, and Civil Rights Compliance Survey, completed on May 18, 2023, it was determined that Juniper Village at Brookline-Rehabilitation and Skilled Care was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care and the 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0000		
F 0558 SS=D		F 0558		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: | (X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0558 SS=D	Continued from page 1 483.10(e)(3) Reasonable Accommodations Needs/Preferences §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is not met as evidenced by:	F 0558	- Call Bells placed within reach for Residents 7, 22, and 28. - The Director of Wellness or Designee will conduct initial quality Improvement (QI) monitoring of Call Bell accessibility to ensure call bells are within reach and accessible. - The Director of Wellness or designee will reeducate staff on call bell accessibility. - The Director of Wellness or Designee will conduct Quality Improvement (QI) monitoring of residents accessibility of call bells 5x per week x2, then weekly x3, then monthly x 2. Further recommendations will be reported to Quality Assurance Performance Improvement (QAPI)	Completion Date: **06/21/2023** Status: **APPROVED** Date: **05/31/2023**

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F 0558 SS=D	Continued from page 2 Based on observation and resident and staff interview, it was determined that the facility failed to accommodate resident needs regarding the accessibility to a call bell for three of 16 residents reviewed (Residents 7, 22, and 28). Findings include: Interview and observation with Resident 28 on May 15, 2023, at 11:17 AM revealed the resident was lying in bed and requested the surveyor fluff her pillows as she was uncomfortable. The surveyor asked the resident to ring the call bell and the resident could not reach it. The call bell was hanging over the bedrail on the right side and touching the floor. There was nothing on the call bell to hold it in place. The surveyor activated the call bell and Employee 5, LPN (licensed practical nurse) promptly answered the call bell and placed it within her reach. In addition, the remote control that is used for the television also has a button to activate the call bell. This remote was in Resident 28's nightstand out of the resident's reach. Employee 5	F 0558		

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F 0558 SS=D	Continued from page 3 placed this in Resident 28's reach. Interview and observation with Resident 22 on May 15, 2023, at 11:56 AM revealed the resident was sitting in her wheelchair next to her bed. The call bell was on the floor opposite side of the bed away from the chair and the television remote with the call bell button was on the chair behind the resident. The resident was unable to reach either call bell. The surveyor informed Employee 5 at 12:10 PM. Interview and observation with Resident 7 on May 16, 2023, at 9:40 AM revealed the resident was sitting in her large, padded wheelchair at the foot of her bed. The surveyor asked her how she would contact staff if she needed something. Resident 7 indicated she would have to scream because she could not reach her call bell as it was on her bed. The surveyor informed Employee 5 at 9:28 AM. During an interview with the Nursing Home Administrator and Director of Nursing on May 16. 2023, at 3:10 PM the above concerns regarding	F 0558		

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F 0558 SS=D	Continued from page 4 Residents 7, 22, and 28's inability to reach their call bells was discussed. 28 Pa. Code 211.12(d)(1)(5) Nursing services	F 0558		
F 0607 SS=D		F 0607		

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F 0607 SS=D	Continued from page 5 483.12(b)(1)-(5)(ii)(iii) Develop/Implement Abuse/Neglect Policies §483.12(b) The facility must develop and implement written policies and procedures that: §483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property, §483.12(b)(2) Establish policies and procedures to investigate any such allegations, and §483.12(b)(3) Include training as required at paragraph §483.95, §483.12(b)(4) Establish coordination with the QAPI program required under §483.75. §483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements. §483.12(b)(5)(ii) Posting a conspicuous notice of employee rights, as defined at section 1150B(d)(3) of the Act. §483.12(b)(5)(iii) Prohibiting and preventing retaliation, as defined at section 1150B(d)(1) and (2) of the Act.	F 0607	- References have been obtained for Employee 1 and 2. - Business Office Assistant or Designee will conduct initial audit for Quality Improvement (QI) monitoring of newly hired employees in past 30 days to ensure that references have been obtained according to facility abuse policy, follow up based on findings. - The Nursing Home Administrator will reeducate hiring managers including Human Resources on Abuse Policy and reference checks. - Nursing Home Administrator or Designee will conduct Quality Improvement (QI) monitoring of employee references for newly hired employees weekly x4, then monthly x 3. Further recommendations will be reported to Quality Assurance Performance Improvement (QAPI)	Completion Date: **06/21/2023** Status: **APPROVED** Date: **05/31/2023**

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F 0607 SS=D	Continued from page 6 This REQUIREMENT is not met as evidenced by: Based on [illegible] to	F 0607		
F 0744 SS=E		F 0744		

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F 0744 SS=E	Continued from page 7 483.40(b)(3) Treatment/Service for Dementia §483.40(b)(3) A resident who displays or is diagnosed with dementia, receives the appropriate treatment and services to attain or maintain his or her highest practicable physical, mental, and psychosocial well-being. This REQUIREMENT is not met as evidenced by:	F 0744	- Person centered care plan developed and implemented for Resident 38, 39, and 32. - Social Service Director or Designee will conduct Initial Quality Improvement (QI) monitoring of residents with a diagnosis of dementia and/or cognitive loss to ensure that a person-centered care plan to address the residents' dementia and cognitive loss has been developed and implemented, follow up based on findings. - The Nursing Home Administrator will reeducate the Social Service Department and MDS Department on development of individualized approaches to care to address dementia and cognitive loss. - Nursing Home Administrator or Designee will conduct Quality Improvement (QI) monitoring of residents with a diagnosis of dementia and/or cognitive loss to ensure that a person-centered care plan to address the residents'	Completion Date: **06/21/2023** Status: **APPROVED** Date: **05/31/2023**

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F 0744 SS=E	Continued from page 8	F 0744	dementia and cognitive loss has been developed and implemented weekly x4, then monthly x 3. Further recommendations will be reported to Quality Assurance Performance Improvement (QAPI)	

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F 0744 SS=E	Continued from page 9 Based on clinical record review and staff interview, it was determined that the facility failed to develop individualized approaches to care to address dementia and cognitive loss displayed by three of three residents reviewed (Residents 38, 39, and 32). Findings include: Clinical record review for Resident 38 revealed that the facility admitted him on December 6, 2022. Review of his admission Minimum Data Set Assessment (MDS, a form completed at specific intervals to determine care needs) dated December 12, 2022, indicated that the facility assessed Resident 38 as having the diagnosis of dementia. The facility determined that a care plan for dementia and cognitive loss would be developed. Review of Resident 38's care plan revealed that there was no indication that the facility had developed and implemented a person-centered care plan to address the resident's dementia and cognitive	F 0744		

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F 0744 SS=E	Continued from page 10 loss that would include direct care and activities that are focused on understanding, preventing, relieving, and accommodating a resident's distress or loss of abilities. Clinical record review for Resident 39 revealed that the facility admitted her on January 22, 2023. Review of her admission MDS dated January 29, 2023, indicated that the facility assessed Resident 39 as having the diagnosis of dementia. The facility determined that a care plan for dementia and cognitive loss would be developed. Review of Resident 39's care plan revealed that there was no indication that the facility had developed and implemented a person-centered care plan to address the resident's dementia and cognitive loss that would include direct care and activities that are focused on understanding, preventing, relieving, and accommodating a resident's distress or loss of abilities. Interview with the Director of Nursing and Nursing	F 0744		

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F 0744 SS=E	Continued from page 11 Home Administrator on May 17, 2023, at 1:40 PM confirmed the above findings for Residents 38 and 39. Clinical record review for Resident 32 revealed that the facility admitted her on November 30, 2022, with a diagnosis including cerebral infarction (stroke). Review of her admission MDS dated December 6, 2022, indicated the facility determined that a care plan for dementia and cognitive loss would be developed. Review of Resident 32's diagnosis list dated January 10, 2023, indicated Alzheimer's Disease (a degenerative brain disease, and the most common type of dementia) was added. Review of Resident 32's care plan revealed that there was no indication that the facility had developed and implemented a person-centered care plan to address the resident's dementia and cognitive loss that would include direct care and activities that are focused on understanding, preventing, relieving, and accommodating a resident's distress or loss of	F 0744		

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F 0744 SS=E	Continued from page 12 abilities. Interview with the Nursing Home Administrator on May 18, 2023, at 11:33 PM confirmed the above findings for Resident 32. 28 Pa Code 211.12 (d)(1)(3)(5) Nursing services 28 Pa Code 211.11(d) Resident care plan	F 0744		
F 0825 SS=D		F 0825		

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F 0825 SS=D	Continued from page 13 483.65(a)(1)(2) Provide/Obtain Specialized Rehab Services §483.65 Specialized rehabilitative services. §483.65(a) Provision of services. If specialized rehabilitative services such as but not limited to physical therapy, speech-language pathology, occupational therapy, respiratory therapy, and rehabilitative services for mental illness and intellectual disability or services of a lesser intensity as set forth at §483.120(c), are required in the resident's comprehensive plan of care, the facility must- §483.65(a)(1) Provide the required services; or §483.65(a)(2) In accordance with §483.70(g), obtain the required services from an outside resource that is a provider of specialized rehabilitative services and is not excluded from participating in any federal or state health care programs pursuant to section 1128 and 1156 of the Act. This REQUIREMENT is not met as evidenced by:	F 0825	- Resident 36 and 7 were not harmed based on this deficient practice. Director of Rehabilitation reviewed therapy plan of care for both residents, follow up based on findings. - Director of Wellness or Designee will conduct initial Quality Improvement (QI) monitoring of therapy referrals and evaluations to ensure timely follow up. - The Director of Wellness will reeducate the Rehabilitation department on specialized rehabilitation services and timeliness of follow-up from therapy referrals. - Director of Wellness or Designee will conduct Quality Improvement (QI) monitoring of therapy referrals and evaluations to ensure timely follow up weekly x4, then monthly x 3. Further recommendations will be reported to Quality Assurance Performance Improvement (QAPI)	Completion Date: **06/21/2023** Status: **APPROVED** Date: **05/31/2023**

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F 0825 SS=D	Continued from page 14 Based on clinical record review and staff interview, it was determined that the facility failed to provide specialized rehabilitation services for two of two residents reviewed (Residents 36 and 7). Findings: Clinical record review for Resident 36 revealed the resident was noted on January 23, 2023, at 1:20 PM to have been witnessed sliding herself out of the wheelchair onto her buttocks in the dining room. The note indicated a physical therapy evaluation was sent for a wheelchair cushion. There was no evidence a physical therapy evaluation was completed. Further review for Resident 36 revealed a wellness note dated February 11, 2023, which was linked to an incident occurring February 3, 2023, at 6:00 PM in which the resident was found sitting on the floor of the hallway and was noted to be sitting in her wheelchair previously.	F 0825		

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F 0825 SS=D	Continued from page 15 Facility documentation revealed an incident report dated March 26, 2023, at 5:10 PM indicating Resident 36 was self-propelling in her wheelchair when she leaned forward and fell hitting her forehead and knees on the floor. There was no documentation or post fall reports in the resident's electronic clinical record regarding the incident. A therapy screen referral form was identified indicating a referral to physical therapy for frequent falls, and the fall out of her wheelchair on March 26, 2023, but was not dated until April 13, 2023. There was no evidence of any therapy evaluation or follow up for Resident 36. A wellness note for Resident 36 on April 9, 2023, 1:00 PM noted the resident was out in the lobby in a wheelchair and flipped herself out of the wheelchair and slid to the floor with no injuries. A follow up note dated April 10, 2023, at 3:43 PM indicated a physical therapy consult was placed for recent frequent falls. A therapy screen/referral form was also identified	F 0825		

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JUNIPER VILLAGE AT BROOKLINE-REHABILITATION AND SKILLED CARE	1950 CLIFFSIDE DRIVE STATE COLLEGE, PA 16801

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F 0825 SS=D	Continued from page 16 for Resident 36 dated April 10, 2023, by the registered nurse indicating the resident had frequent falls, weakness, and wheelchair mobility concerns. The therapy referral form was not signed by a therapist until May 12, 2023, over 30 days later who noted, "skilled occupational therapy required for environmental safety and wheelchair management." There was no evidence of any follow up or visits with therapy for Resident 36, as of May 18, 2023. An interview with Employee 4, senior director of rehabilitation, confirmed therapy did not complete any referrals or have Resident 36 on therapy caseload January through May 2023, and that therapy did not respond to the screening referral dated April 10, 2023, until May 12, 2023, and the resident has not received skilled therapy since that date. The above information was reviewed with the Nursing Home Administrator on May 18, 2023, at 12:17 PM.	F 0825		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	395756	A. BLDG: __00_____ B. WING: _____	05/18/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
JUNIPER VILLAGE AT BROOKLINE-REHABILITATION AND SKILLED CARE	1950 CLIFFSIDE DRIVE STATE COLLEGE, PA 16801

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F 0825 SS=D	Continued from page 17 A physician's order dated August 6, 2021, at 12:59 PM for Resident 7 revealed the resident was to receive a regular consistency diet and thin liquids. Nursing documentation dated April 28, 2023, at 6:10 PM revealed that Resident 7 was being fed dinner and choked on a piece of corn and coughed it out of the mouth. The resident was assessed to have lungs clear to auscultation (listening by stethoscope) except for a wheeze (indicative of a narrowing of airway due to obstruction or conditions like asthma) throughout the upper lung fields. The physician's assistant was notified and ordered a nebulizer (a drug delivery device to administer medication into the lungs) and a speech consult. A therapy referral form for Resident 7 dated April 28, 2023, by the nurse indicated that the resident coughed on corn and the family was ok with the resident having the speech therapy consultation. The therapy referral form was signed by the speech therapist on May 2, 2023, that recommended a	F 0825		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
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F 0825 SS=D	Continued from page 18 speech therapy assessment for dysphagia (difficulty swallowing). Clinical record review for Resident 7 revealed no documented evidence of a speech therapy evaluation. During a meeting with the Nursing Home Administrator and Director of Nursing on May 16, 2023, at 2:30 PM the surveyor inquired if a speech therapy evaluation was completed. A speech therapy evaluation completed on May 17, 2023, revealed Resident 7 had mild oropharyngeal dysphagia (swallowing problems in mouth and/or throat) that necessitated skilled speech therapy services to assess and evaluate the safest level of oral intake, develop and instruct in compensatory strategies, reduce aspiration (when food/liquid enters a person's airway and eventually the lungs leading to pneumonia) with training in maneuvers to safely consume the highest level of oral intake and safely swallow without signs and symptoms of	F 0825		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
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F 0825 SS=D	Continued from page 19 aspiration. An interview with Employee 4 on May 18, 2023, at 11:00 AM revealed the employee had no information as to why the speech therapy evaluation was delayed. The findings regarding the delay in Resident 7 receiving speech therapy was reviewed during an interview with the Nursing Home Administrator on May 18, 2023, at 11:50 AM. 28 Pa. Code 211.12(d)(3)(5) Nursing services	F 0825		
F 0883 SS=D		F 0883		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
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F 0883 SS=D	Continued from page 20 483.80(d)(1)(2) Influenza and Pneumococcal Immunizations §483.80(d) Influenza and pneumococcal immunizations §483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that- (i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal. §483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that- (i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization;	F 0883	- Resident 32 and 36 evaluated for and offered pneumococcal immunizations if applicable, follow up based on findings. - Infection Preventionist or Designee will conduct initial Quality Improvement (QI) monitoring of current residents Pneumococcal Vaccine history/ documentation to ensure residents have received informed consent and/or administered the pneumococcal immunization. - The Director of wellness will reeducate the Infection Preventionist on facility Pneumococcal Vaccine Policy. - Infection Preventionist or Designee will conduct Quality Improvement (QI) monitoring of newly admitted residents Pneumococcal Vaccination consents weekly x4, then monthly x 3. Further recommendations will be reported to Quality Assurance Performance Improvement (QAPI)	Completion Date: **06/21/2023** Status: **APPROVED** Date: **05/31/2023**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
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F 0883 SS=D	Continued from page 21 (ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and (B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal. This REQUIREMENT is not met as evidenced by:	F 0883		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
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F 0883 SS=D	Continued from page 22 Based on review of select facility policies and procedures, clinical record review, and staff interview, it was determined that the facility failed to ensure residents received pneumococcal immunizations for two of five residents reviewed for immunization concerns (Residents 32 and 36). Findings include: The policy entitled "Vaccinations, Pneumococcal-Residents," last reviewed on January 13, 2023, revealed each resident or legal representative receives education regarding the benefits and potential side effects of the immunization. Residents are offered pneumococcal immunizations unless the immunization is medically contraindicated, the resident has already been immunized, or they are not eligible based on the Center for Disease Control recommendations. The resident/legal representative could refuse immunizations. The resident's medical record includes documentation that indicates that education was provided and the resident either received the	F 0883		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
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F 0883 SS=D	Continued from page 23 immunization or did not receive the immunization due to medical contraindications or refusal. Clinical record review for Resident 32 revealed the facility admitted her on November 30, 2022. There was no documentation that the facility attempted to obtain an informed consent or administer the pneumococcal immunization. Clinical record review for Resident 36 revealed the facility admitted her on September 23, 2021. There was no documentation that the facility attempted to obtain an informed consent or administer the pneumococcal immunization. During an interview with Employee 6, infection control preventionist, on May 18, 2023, at 10:00 AM it was confirmed that there was no documented evidence that Residents 32 and 36 were evaluated for or offered pneumococcal immunizations. 28 Pa. Code 201.14(a) Responsibility of licensee	F 0883		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
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F 0883 SS=D	Continued from page 24 28 Pa. Code 201.18(b)(1) Management 28 Pa. Code 211.12(d)(1)(5) Nursing services	F 0883		

Certified End Page

JUNIPER VILLAGE AT BROOKLINE-REHABILITATION AND SKILLED CARE

STATE LICENSE NUMBER: 281302

SURVEY EXIT DATE: 05/18/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi
Deputy Secretary for Quality Assurance

Debra L. Bogen, MD, FAAP
Acting Secretary of Health

pennsylvania
DEPARTMENT OF HEALTH

THIS IS A CERTIFICATION PAGE

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